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10/01/2004

DICKIE BILLIG & CZAJA PLLC

Fifth Street Towers

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100 South Fifth Street

Minneapolis, MN 55402

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Timothy A. Czaja

(Deposi

December 29, 2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION |
|-----------------|-------------|----------------------|---------------------|--------------|
| 09/807,318 | 03/14/2002 | Charles D. Ray | | 4517 |

TITLE OF INVENTION: INTERBODY DEVICE AND METHOD FOR TREATMENT OF OSTEOPOROTIC VERTEBRAL COLLAPSE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|-------------------|-----------------------|-----------------|-----------------------|------------|
| nonprovisional | XX YES | XXX \$700. | \$0 | \$XX \$700 | 01/03/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| MENDEZ, MANUEL A | 3763 | 604-020000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Gov

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Charles D. Ray

Serial No.: 09/807,318

Filed: March 14, 2002 (Int'l Filing Date: March 14, 1998)

Due Date: January 3, 2005

Title: INTERBODY DEVICE AND METHOD FOR TREATMENT OF
OSTEOPOROTIC VERTEBRAL COLLAPSE

Examiner: Manuel A. Mendez

Group Art Unit: 3763

Docket No.: R293.102.102

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

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Sir/Madam:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet containing Certificate of Mailing (1 pg.).
- ☒ Part B-Issue Fee Transmittal PTOL-85B (1 pg.).
- ☒ **Applicant hereby claims Small Entity Status.**
- ☒ The Patent Office is hereby authorized to charge Deposit Account No. 500471 in the amount of \$700 to cover the Issue Fee as set forth under 37 C.F.R. 1.18(a).
- ☒ Return Postcard.

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate. At any time during the pendency of this application, please charge any additional fees or credit overpayment to Deposit Account No. 500471.

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By: 

Name: Timothy A. Czaja

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By: 

Name: Timothy A. Czaja